

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3		/		/			53						
4		/		/			54						
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12		2					62						
13		2					63						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		7										
TOTAL DEP.	12	↔	12	↔									
TOTAL CLAIMS	19		19										